

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Edgar Clark*

Town *near Georgetown* County *Kent.* MARYLAND

Died at *near Georgetown*

Date of death *1909 July 27* Age *46*

Sex *Female* Color or Race *Cherokee* Birth-place *Kent Co Md*

Occupation *Housework* Where Residing if not at place of death *Ward, Va.*

Married, Single or Widowed *Married* Name of Wife or Husband *James Clark*

Father's Name *James Gordon* Father's Birthplace *Va.*

Mother's Maiden Name *Kathleen Moore* Mother's Birthplace *Kent Co Md*

Name of person giving Information *James Clark* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Carcinoma of Uterus* How long *2 years*

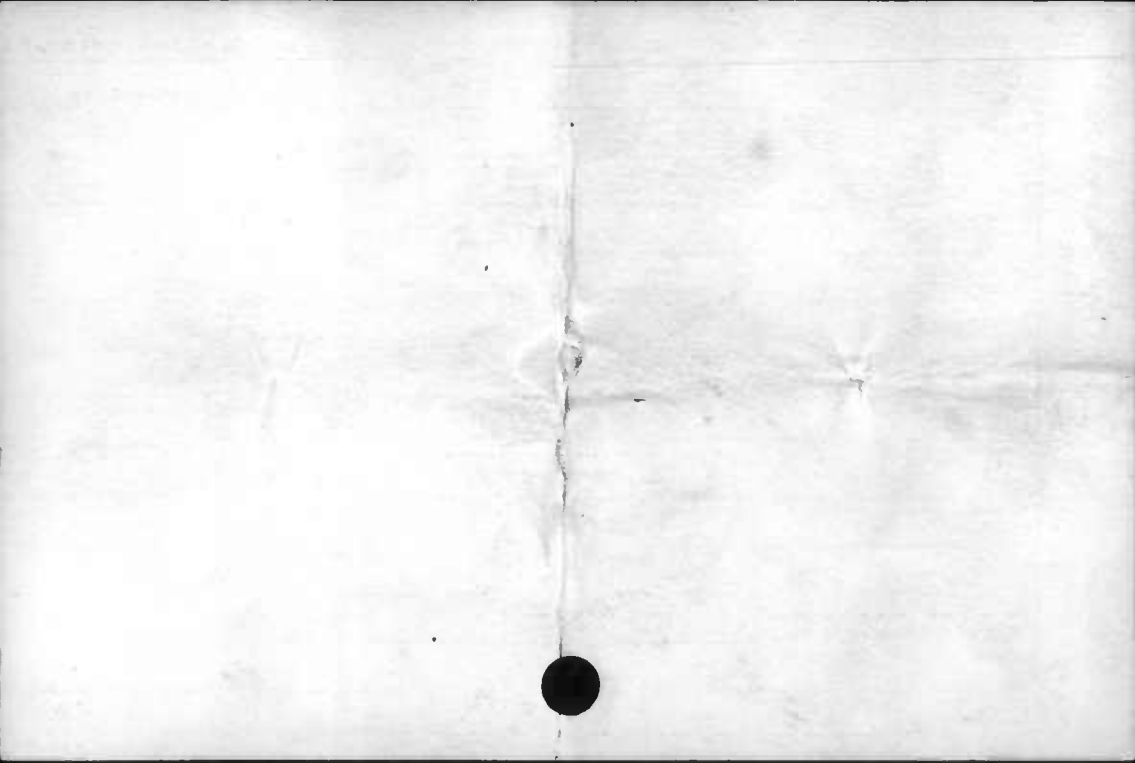
Immediate *Exhaustion* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank W. Smith*

Address *Charleston #2 Md.*

Accident or Suicide *No*



Name  
in  
Full

David Clements

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <i>Brimmpton</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>July</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age <i>91</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>9</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Caroline Co Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or <del>Husband</del> <i>Susan F. Slaughter</i>				
Father's Name <i>Joel Clements</i>	Father's Birthplace <i>Susan Co Del</i>				
Mother's Maiden Name <i>Margaret Roe</i>	Mother's Birthplace <i>Caroline Co Md</i>				
Name of person giving information <i>Alday Clements</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary <i>injury to hip</i>	How long <i>6 weeks</i>
Immediate <i>old age</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. A. Sheppard</i>
	Address <i>Brimmpton</i>
Accident or Suicide? <i>Accident</i>	<i>Levin Ave Md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

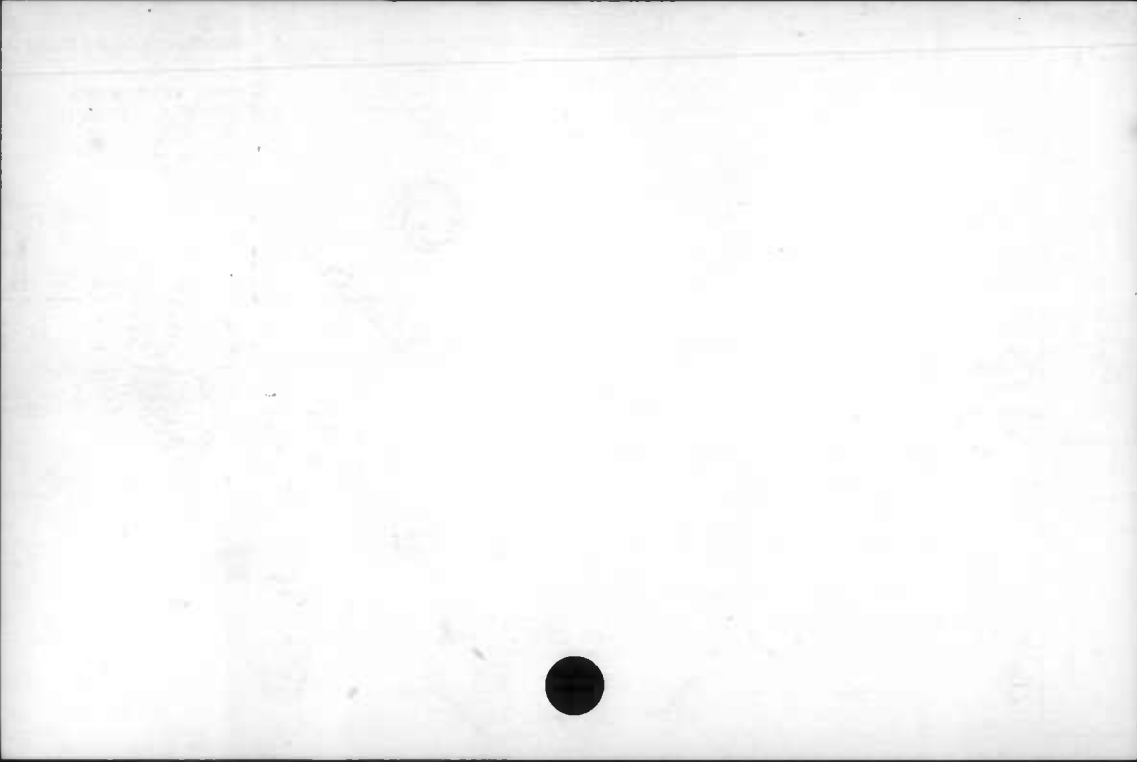
Died at <i>Sandy Bottom</i>		Town <i>Stuart</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>July</i>		Day <i>20</i>		Age <i>25</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birthplace <i>Kent W. Md.</i>		Months <i>6</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Conneypore Pa.</i>		Years <i>25</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie's James Cotton</i>		Father's Birthplace <i>Kent Corn.</i>		Mother's Birthplace <i>Lucasville Ohio</i>	
Father's Name <i>Joseph Cotton</i>		Mother's Maiden Name <i>Fannie Green</i>		How related to deceased <i>Wife</i>		Name of person giving Information <i>Annie Cotton</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W. Smith</i>
<i>no</i>	Address <i>Chestertown Md.</i>
Accident or Suicide	



Name  
in  
Full

Mr. Walter Washington Crew.

CERTIFICATE OF DEATH

MARYLAND

Died at

Towa  
Chestertown

County

Kent.

Date

of death

1909 July.

Day

13

Age

Years

52.

Months

Days

Sex

Male.

Color or  
Race

White

Birth-  
place

Kent. Co Md.

Occupation

Farmer.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single.

Name of Wife or  
HusbandFather's  
Name

Alex H. Crew.

Father's  
Birthplace

Kent Co Md

Mother's  
Maiden Name

Sarah. E. Birch

Mother's  
Birthplace

Kent Co Md.

Name of person giving  
Information

Hyland Crew.

How related  
to deceased

Brother

## CAUSES OF DEATH

64

Primary

Apoplexy

How long

16 hours.

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

C. W. Wheland M.D.  
Chestertown  
Md.

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Still Pond  
Country  
Chas L Dodd



Name  
in  
Full

Daniel Gilbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Betterton</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND		
Date of death	1904	Month	July	Day	28	
Age	—		Years	Months	3	
Sex	Male		Color or Race	Black	Birth-place	md
Occupation	—		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Daniel Gilbert		Father's Birthplace	md		
Mother's Maiden Name	Lussie Hanson		Mother's Birthplace	md		
Name of person giving Information	..		How related to deceased	mother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus.
Immediate	Heart failure
Are the name, age, sex, color, date and place correctly given above?	yes.
Accident or Suicide	

179  
How long

How long

Signature of  
Physician

L. P. Atwell M.D.

Address

Still Pond  
md

• Coleman.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Clara Biddle Hanson*

Died at *Rock Hill* Town *Meuf* County **MARYLAND**

Date of death *1909* Month *July* Day *2* Age *—* Years Months *6* Days *—*

Sex *Female* Color or Race *White* Birth-place *Balto.*

Occupation *—* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Joshua B. Hanson* Father's Birthplace *Balto.*

Mother's Maiden Name *Lulu R. Humberford* Mother's Birthplace *Balto.*

Name of person giving Information *John B. Hanson* How related to deceased *Sister*

PHYSICIAN  
OR CORONER*(Gastro-enteritis)*

## CAUSES OF DEATH

*105**X*

Primary

How long

*24 hours*

Immediate

How long

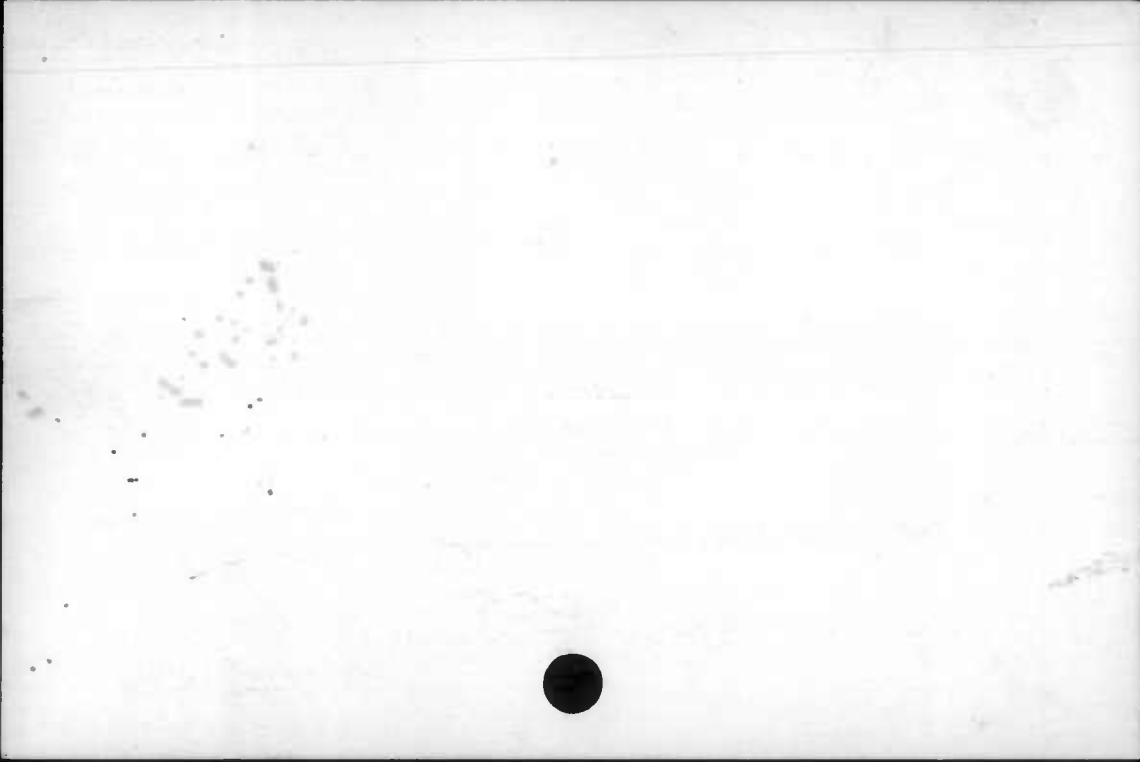
*3 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Rly Hastings.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

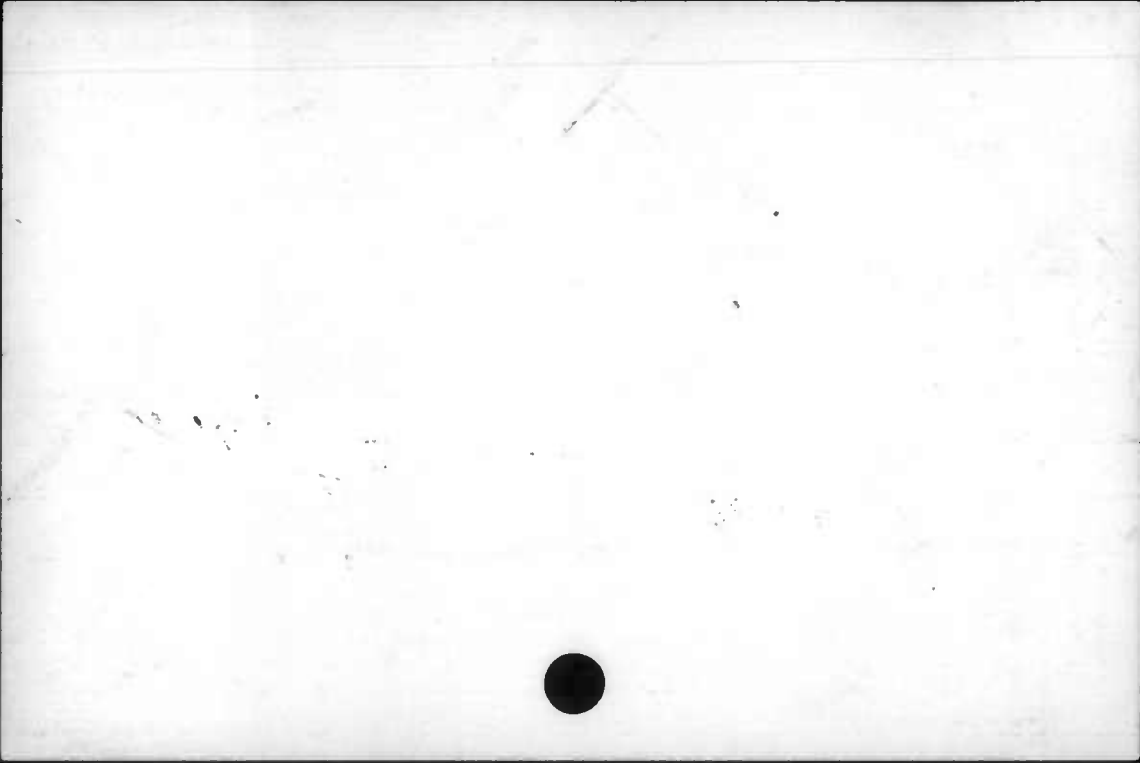
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	12	63		Feb.	16
Sex	Male			Color or Race	white		Birth-place
Occupation	retired			Where Residing if not at place of death	Z. A. Sybester		
Married, Single or Widowed	single			Name of Wife or Husband	—		
Father's Name	don't know.				Father's Birthplace	don't know	
Mother's Maiden Name	don't know.				Mother's Birthplace	don't know	
Name of person giving Information				Z. A. Sybester		How related to deceased	no relation

## CAUSES OF DEATH

120 X

PHYSICIAN  
OR CORONER

Primary	Albuminuria.	How long	24 years
Immediate	"	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. M. Munro.
yes		Address	Sassafras
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

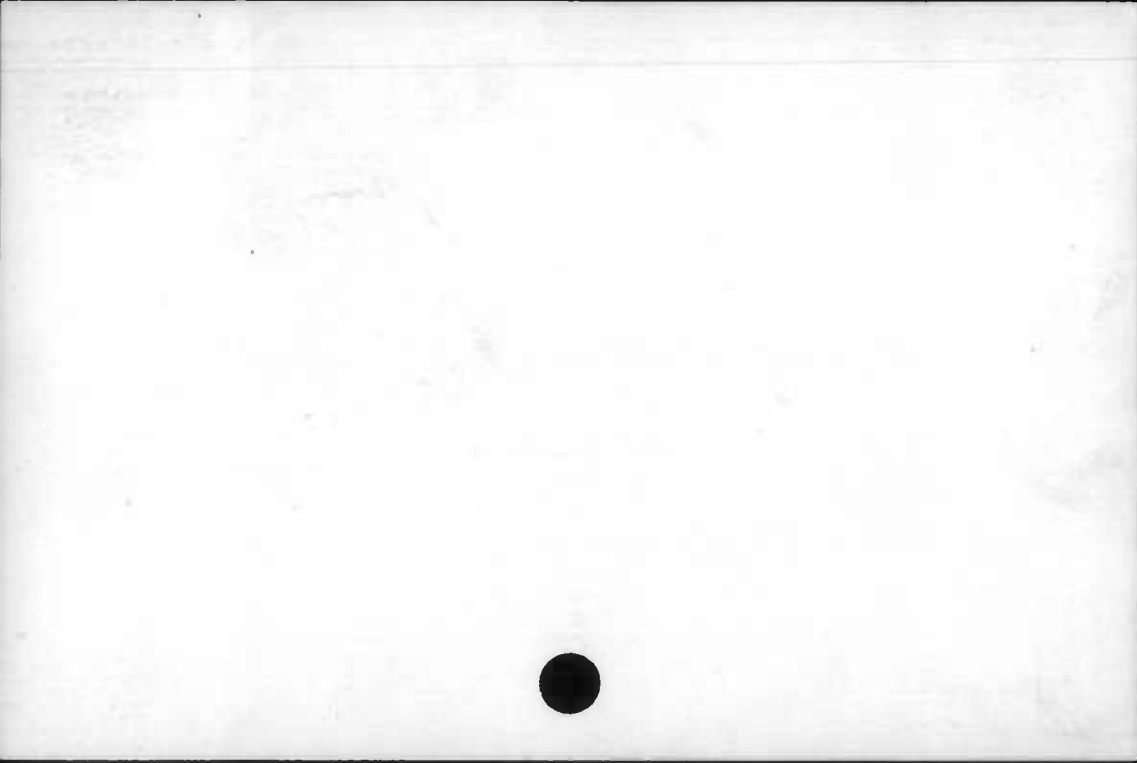
Died at <i>near Fairlee</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>July</i>	Day <i>30</i>	Age <i>79</i>	Years	Months <i>1</i>	Days <i>27</i>
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>Kent Co. Md.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>May Ann Reed</i>					
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>Green Chambers</i>				Mother's Birthplace <i>Kent Co. Md.</i>			
Name of person giving Information <i>George P. Henry</i>				How related to deceased <i>Son.</i>			

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>3 years</i>
Immediates <i>Asphyxiated</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank M. Smith</i>
	Address <i>Fairlee Md.</i>
Accident or Suicide <i>No</i>	





Name  
in Full

Martha Hutchins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chesapeake town <sup>Town</sup> 1 Kent <sup>County</sup> **MARYLAND**

Date of death 190 9 <sup>Month</sup> July <sup>Day</sup> 19 Age 33 <sup>Years</sup> 33 <sup>Months</sup> 33 <sup>Days</sup>

Sex Female Color or Race Col Birth-place Ind

Occupation House wife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Chas H Hutchins

Father's Name Jos Pearce Father's Birthplace Ind

Mother's Maiden Name Maria Brown Mother's Birthplace Ind

Name of person giving Information Chas Hutchins How related to deceased Husband

## CAUSES OF DEATH

29 X

PHYSICIAN  
OR CORONER

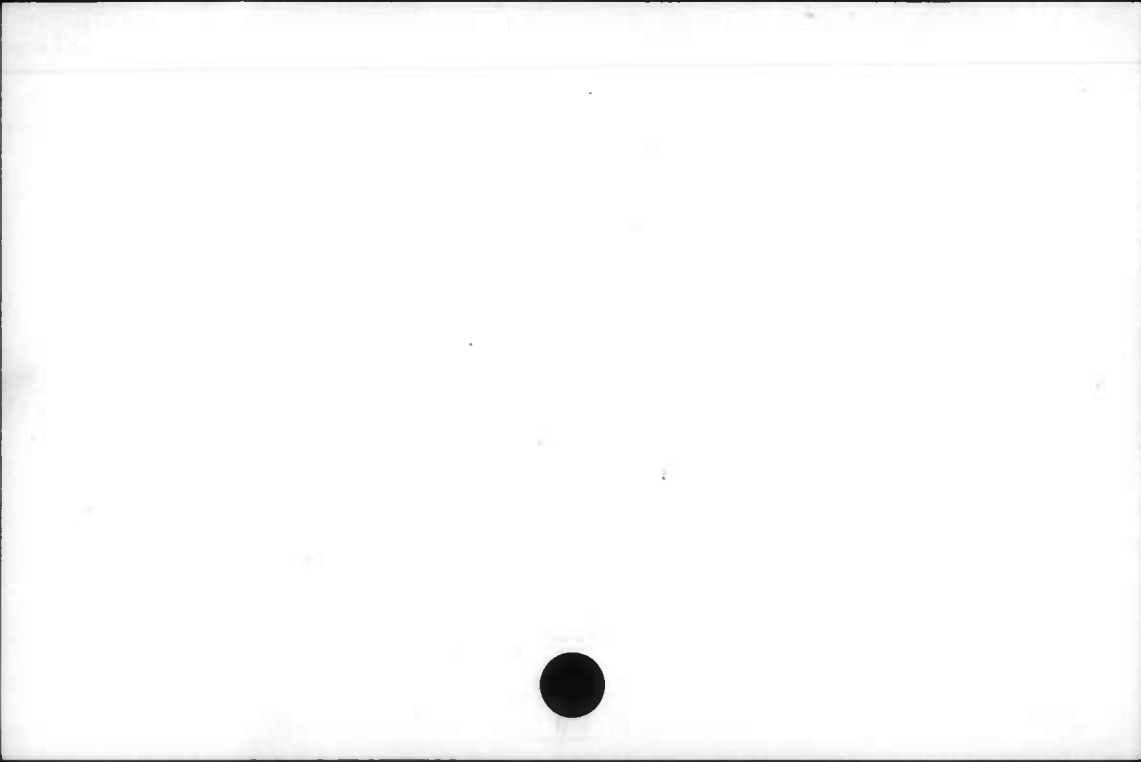
Primary Tubercular peritonitis <sup>How long</sup> several months

Immediate Exhaustion <sup>How long</sup> several days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H G Simpson

Address Chesapeake town

Accident or Suicide No



Name  
in  
Full

Willie B. Joiner

CERTIFICATE OF DEATH

Died at Edesville Kent County MARYLAND

Date of death 1909 7. 10. Age 25. Months Days

Sex Female Color or Race White Birth-place Maryland

Occupation Domestic Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father Joiner Father's Birthplace Maryland

Mother's Maiden Name Sadie Nickerson Mother's Birthplace Maryland

Name of person giving Information G. L. Munch How related to deceased

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis Hereditary

Immediate Exhaustion. How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. H. Ball MD

Address Rock Hall Md

Accident or Suicide

1305c

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jesse Clark Kendall*

Town *Near Rock Hall* County *Kent* MARYLAND

Died at *Near Rock Hall*

Date of death 190 *9* Month *July* Day *19* Age *72* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Kent Co. Md*

Occupation *Waterman* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or ~~Husband~~ *Maggie Stevens*

Father's Name *Stephen Kendall* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah Lowmyer* Mother's Birthplace *Maryland*

Name of person giving Information *James Gull* How related to deceased *Son in Law*

## CAUSES OF DEATH

120 X

How long

*2 years*

How long

*2 months*PHYSICIAN  
OR CORONER

Primary *Nephritis*

Immediate *Exhaustion*

Are the name, age, sex, color, data and place correctly given above? *yes*

Accident or Suicide *no*

Signature of Physician

Address

*H. H. Schwatka M.D.*

*Rock Hall*



Name  
in Full

Lelia Paris M<sup>c</sup>Tharter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chesterstown Kent County  
Date of death 1909 July 14 Day 7 Months 7 Years 7 Days  
Sex Female Color or Race White Birth-place Md.  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

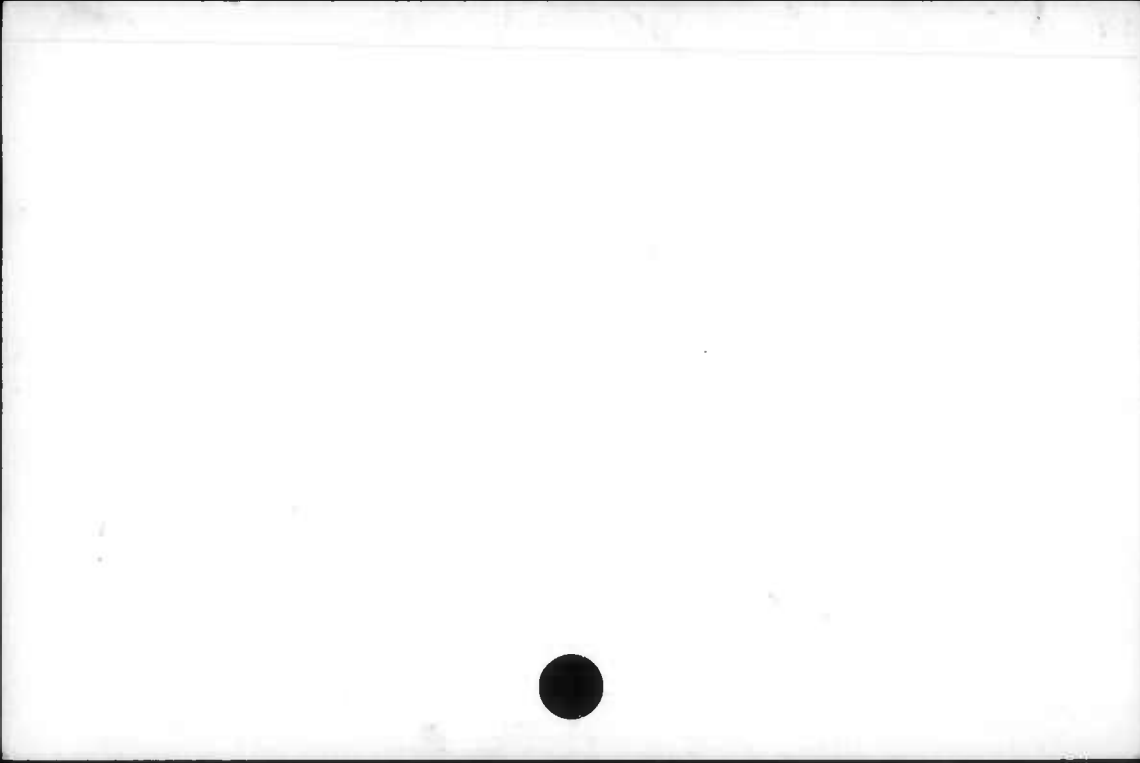
Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name Robert J. M<sup>c</sup>Tharter Father's Birthplace Md.  
Mother's Maiden Name Lelia M. Reese Mother's Birthplace Md.  
Name of person giving Information Lelia M. Reese How related to deceased Mother

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary Enterocolitis How long 6 weeks  
Immediate Auto-infection-Septicemia How long Several days  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Harry L. Tolson  
Address Chesterstown, Md  
Accident or Suicide \_\_\_\_\_





Name  
in  
Full

Spencer Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Stemmyville County Stent MARYLAND

Died at Stemmyville

Date of death 1909 July 31 Age - Months 1 Days 15

Sex male Color or Race Black Birth-place md

Occupation - Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband -

Father's Name Spencer Morris Father's Birthplace md

Mother's Maiden Name Lizzie Taylor Mother's Birthplace md

Name of person giving Information S. Morris How related to deceased Father

## CAUSES OF DEATH

Primary Cholera in Parvum 105 Week

Immediate Exhaustion 1 day

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician John W. Usher M.D.

Address Kennedyville Md.

Accident or Suicide 8

PHYSICIAN  
OR CORONER

Still Pond

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Spencer I. Murray</i>		Town <i>Chester town</i>		County <i>Kent</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>24</i>		Years <i>53</i>	
Date of death 190 <i>9</i>		Months		Days <i>25</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent Co.</i>			
Occupation <i>Fisherman</i>		Where Residing if not at place of death <i>Chester town Md</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Amelia Blake</i>					
Father's Name <i>George Murray</i>		Father's Birthplace <i>Kent Co.</i>					
Mother's Maiden Name <i>Ellen Cooper</i>		Mother's Birthplace <i>Kent Co.</i>					
Name of person giving Information <i>Ellen Murray</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>12 yrs.</i>
Immediate	<i>Acute Indigestion. Angina</i>	How long <i>two hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank B. Hine's</i>
		Address <i>Chester town Md</i>
Accident or Suicide <i>no</i>		

Yeg uson  
James M. E. Cemetery.

Name  
in  
Full

## CERTIFICATE OF DEATH

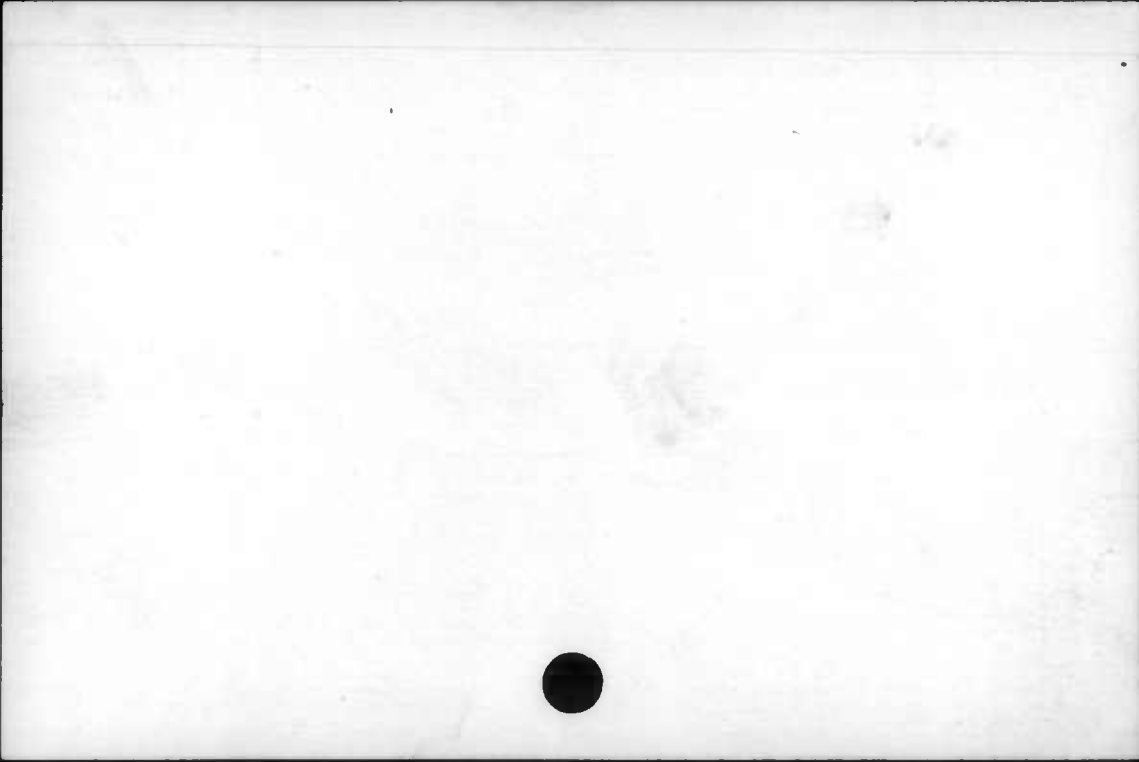
TO BE ANSWERED BY  
NEAREST FRIENDDied at *Jes. Perkins* Town *Rock Hall* County *Mont* **MARYLAND**Date of death *1909* Month *July* Day *16* Age *24* Years Months DaysSex *Male* Color or Race *Black* Birth-place *Va.*Occupation *Walter* Where Residing if not at place of death *Va.*Married, Single or Widowed *Not Known* Name of Wife or Husband *Not Known*Father's Name *Not Known* Father's Birthplace *Not Known*Mother's Maiden Name *Not Known* Mother's Birthplace *Not Known*Name of person giving Information *J. A. Cupper* How related to deceased *Not Known*

## CAUSES OF DEATH

Primary *accidental drowning* How long *172* at onceImmediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. O. Kelly*Address *Rock Hall Md.*Accident or Suicide *Accident*PHYSICIAN  
OR CORONER



Name  
in  
Full

George Peterson

CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Chestertown <sup>County</sup> Kent

Date of death 1909 July 13 Age - Months - Days -

Sex Male Color or Race White Birth-place Chestertown

Occupation Infant Where Residing if not at place of death at home

Married, Single or Widowed Infant Name of Wife or Husband Infant

Father's Name Anthony A Peterson Father's Birthplace N. C.

Mother's Maiden Name Annie Biddle Mother's Birthplace Queen Anne Co

Name of person giving Information Anthony A Peterson How related to deceased Father.

CAUSES OF DEATH

105

Primary Cholera Infantum

How long 4 or 5 days

Immediate Cholera Infantum

How long 4 or 5 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. Benje Simmons

Address Chestertown Md.

Accident or Suicide no.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles Dodd

Quakerneck



Name  
in  
Full

*Florence Robinson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chestertown</i>		<i>Kent</i> County		MARYLAND	
Date of death	1909	Month	<i>July</i>	Day	<i>12</i>
Sex <i>Female</i>		Color or Race	<i>Black</i>		Age
Occupation		Where Residing if not at place of death		<i>Chestertown md</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Chas. Anderson</i>			Father's Birthplace	<i>Kent Co</i>
Mother's Maiden Name	<i>Rebecca Robinson</i>			Mother's Birthplace	<i>Kent Co</i>
Name of person giving Information	<i>Rebecca Robinson</i>			How related to deceased	<i>Mother</i>

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

*151*

Primary	<i>Premature Birth</i>	How long	<i>—</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Frank B. Jones</i>
<i>yes</i>		Address	<i>Chestertown md</i>
Accident or Suicide		<i>no</i>	

Hicks,

Colored Cemetery

Chestertown

Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *New Baltimore* Town*Buse*  
*Kent* CountyDate of death *1909* Month *July* Day *31*Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days *1*Sex *Female*Color or  
Race*Black*Birth-  
place*Kent Co. Md.*

Occupation \_\_\_\_\_

Where Residing if not  
at place of death \_\_\_\_\_☐ Married, Single  
☐ or WidowedName of Wife or  
Husband \_\_\_\_\_Father's  
Name*Howard Buse*Father's  
Birthplace*Kent Co. Md.*Mother's  
Maiden Name*Annie Clayton*Mother's  
Birthplace*Kent Co. Md.*Name of person giving  
Information*Howard Buse*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Premature birth**151*  
How long *X*

Immediate

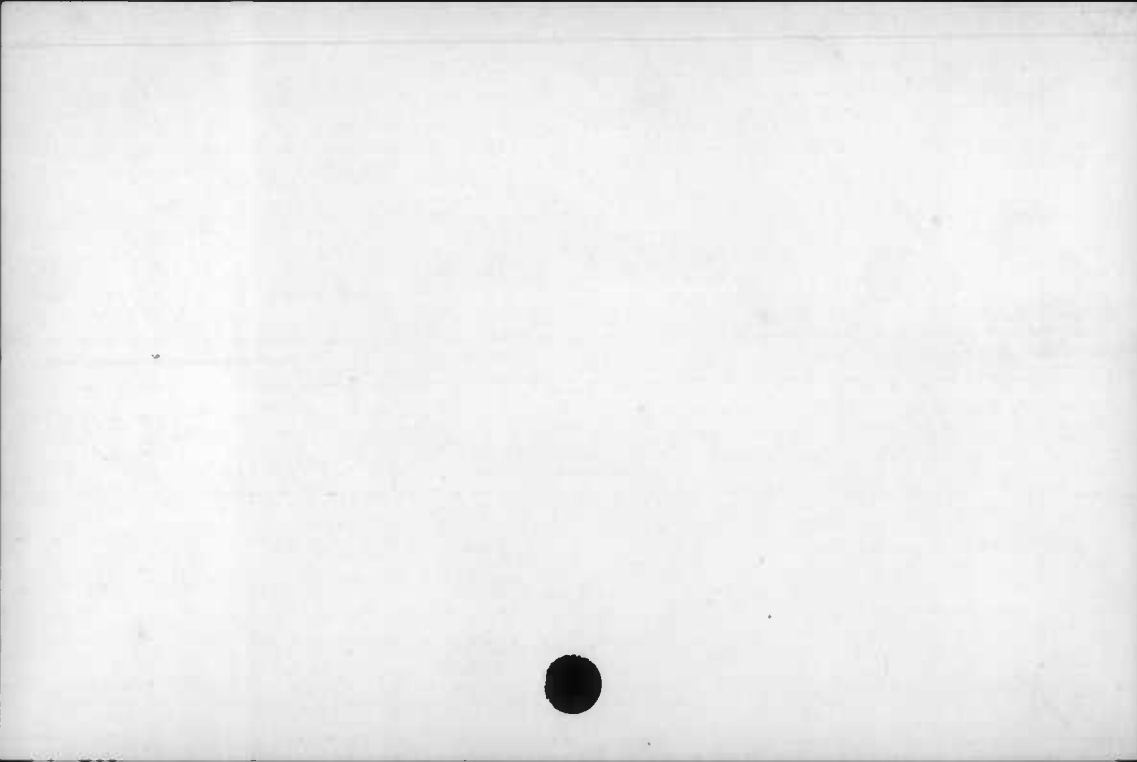
How long

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Edward A. Scott,*

Address

*Esler, Md.*

Accident or Suicide?



Name  
in  
Full

Isabelle Shopshire.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

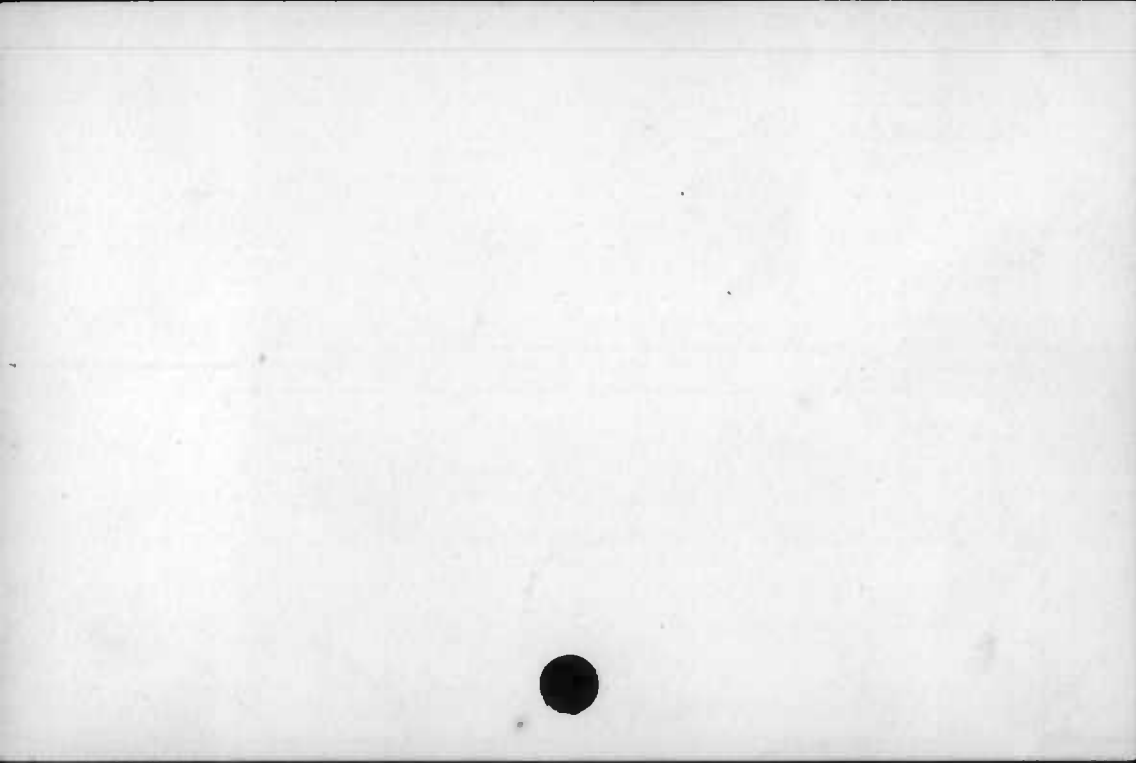
Died at		Town <i>Galena</i>		County <i>Kent.</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>12<sup>th</sup></i>	Age	22	Months <i>5</i>	Days <i>3</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>Camden N. C.</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Harry N. Shopshire</i>		
Father's Name	<i>George H. Starr</i>				Father's Birthplace	<i>Camden N. C.</i>	
Mother's Maiden Name	<i>Mary A. Calvin</i>				Mother's Birthplace	<i>Maryland.</i>	
Name of person giving information	<i>Harry N. Shopshire</i>				How related to deceased	<i>Husband</i>	

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary	<i>Intestinal Tuberculosis</i>		How long	<i>7 mos.</i>
Immediate	<i>Exhaustion</i>		How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	Signature of Physician	<i>Geo. R. Jones, M.D.</i>
			Address	<i>Galena Md.</i>
Accident or Suicide?				



Name  
in  
Full

Thos. N. Simpley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Chestertown <sup>County</sup> Kent MARYLAND

Date of death 1909 <sup>Month</sup> July <sup>Day</sup> 13 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 8 <sup>Days</sup> 2

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Chestertown

Occupation Infant <sup>Where Residing if not at place of death</sup> At home

Married, Single or Widowed <sup>Name of Wife or Husband</sup>

Father's Name James Alfred Simpley <sup>Father's Birthplace</sup> Kent Co.

Mother's Maiden Name Ida Everett <sup>Mother's Birthplace</sup> Del.

Name of person giving Information Jas. Alf Simpley <sup>How related to deceased</sup> Father

CAUSES OF DEATH

105

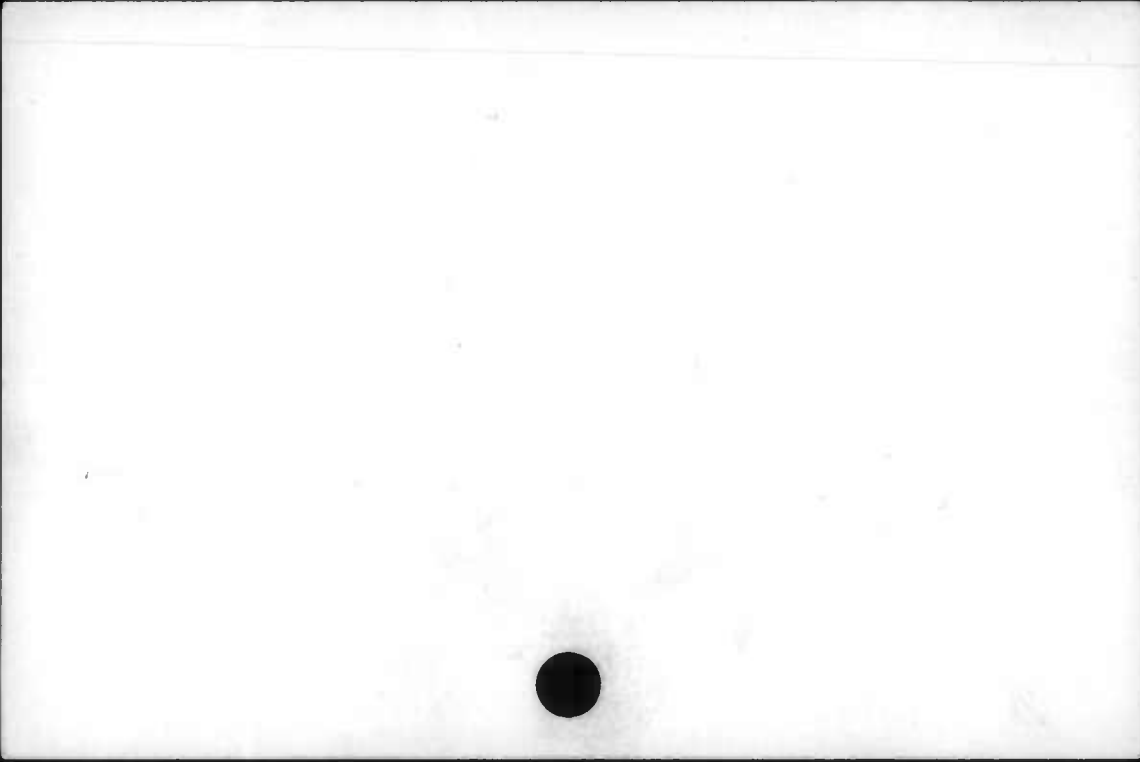
PHYSICIAN  
OR CORONER

Primary Tabes Mesenterica <sup>How long</sup> All life

Immediate Cholera infantum <sup>How long</sup> They say - 3 days

Are the name, age, sex, color, date and place correctly given above? <sup>Signature of Physician</sup> Yes <sup>Address</sup> H. Benge Sembois

Accident or Suicide <sup>Signature of Physician</sup> No. <sup>Address</sup> Chestertown Md





Name  
in  
Full

Baby Spencer.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Galena</u> <sup>Town</sup>		<u>Kent.</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>9</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>24</u> <sup>Years</sup>		Age <u>14</u> <sup>Months</sup> <u>hours</u> <sup>Days</sup>			
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Galena Md.</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Alfred Spencer.</u>		Father's Birthplace <u>Maryland.</u>			
Mother's Maiden Name <u>Phonice Hackett.</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Alfred Spencer.</u>		How related to deceased <u>Father.</u>			

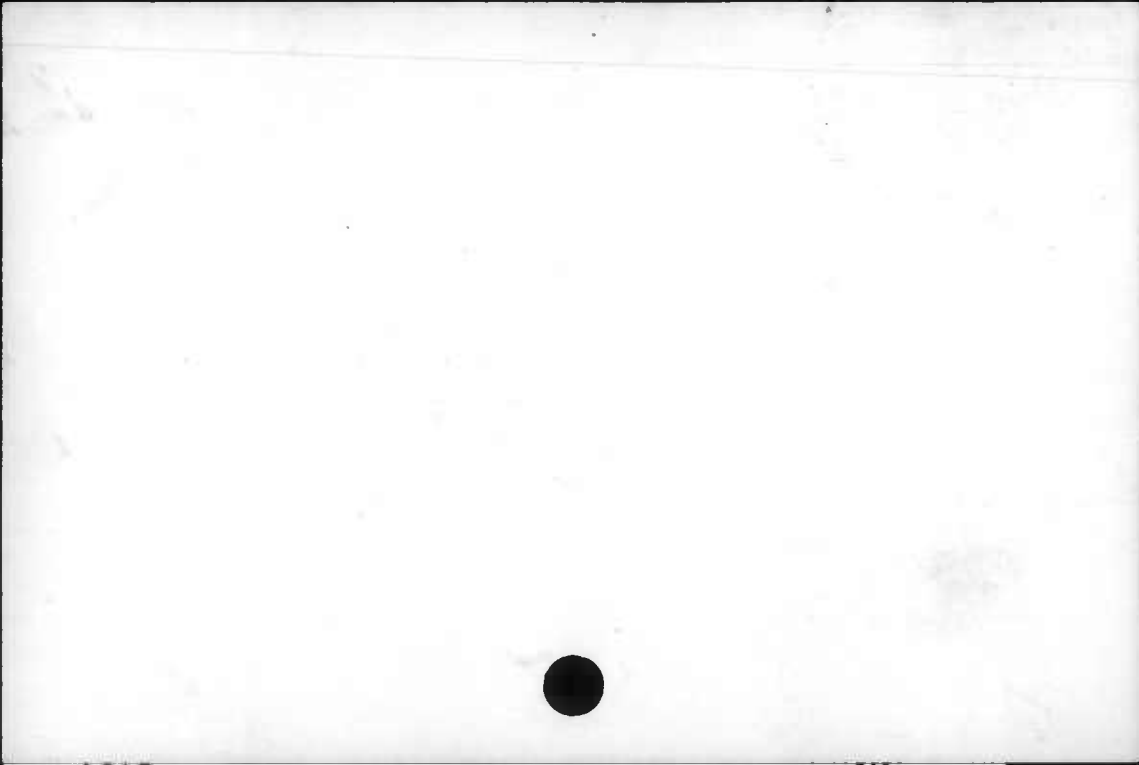
## CAUSES OF DEATH

151

How long

PHYSICIAN  
OR CORONER

Primary <u>Primature child 7 mos.</u>		How long	
Immediate <u>Lived 14 hours after delivery</u>		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo. R. Jones M.D.</u>	
		Address <u>Galena Md.</u>	
Accident or Suicide <u>8</u>			



Name  
in  
Full

Harriet Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oliver Hill</i>		County <i>Kent</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>28</i>	Age <i>about 104</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co., Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Shade Thompson</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>Mrs Emily Clift</i>	How related to deceased <i>not at all</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long <i>24 hrs</i>
Immediate	<i>Paralysis</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Edward A. Scott,</i>
		Address <i>Salena, Md.</i>
Accident or Suicide		

Sicks

Oliver - cemetery

Name  
in  
Full

William M. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Baltimore <sup>Town</sup> Stent <sup>County</sup> MARYLAND

Date of death 1909 <sup>Month</sup> July <sup>Day</sup> 14 <sup>Years</sup> 31 <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race Black Birth-place Md

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Anna M. Friesley

Father's Name Wm White Father's Birthplace Virginia

Mother's Maiden Name Hannie Smith Mother's Birthplace Md

Name of person giving information Ronnie White How related to deceased Son

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Cardiac Asthma How long some years

Immediate Apnoea & Cardiac Failure How long immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. G. Simpson Sec

Address Local Board of Health

8 Accident or Suicide No Chesapeake town Md

Buttertown

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		July	11			14	20
Sex	male	Color or Race	white	Birth-place	Rockface		
Occupation	—			Where Residing if not at place of death	at place of death		
Married, Single or Widowed	—			Name of Wife or Husband	—		
Father's Name	Waller A. Werts				Father's Birthplace	Ma.	
Mother's Maiden Name	Ada E. Joiner				Mother's Birthplace	Kent-Corn	
Name of person giving Information	John W. Joiner				How related to deceased	Grand Father	

(Gastro-enteritis)

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Summer Catarrh	How long	6 days
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Walter D. Selby
		Address	Rockface Ind.
Accident or Suicide			

10-11-12

